## Squibb-Cont.

water, or that any discoloration of fabrics from the Ointment may be removed by applying a standard cleaning fluid. How Supplied: Fungizone Cream (Amphoter-icin B Cream USP) is supplied in tubes of 20 orange.

Fungitone Lotion (Amphotericin B Lotion USP) is supplied in 30 ml. plastic squeeze bot-ties (Military Depot Item, NSN 6505-00-890-

1486). 1489, Fungizone Ointment (Amphotericin B Ointment USP) is supplied in tubes of 20 grams. Storage: Store the Orean and Lotion at room temperature, avoid freezing. Store the Ointment at room temperature.

FUNGIZONE® INTRAVENOUS (Amphotericin B for Injection USP)

### WARNING

WARNING
This drug should be used primarily for treatment of patients with progressive and potentially fatal fungal infections; it should not be used to treat the common cinically inapparent forms of fungal incesse which show only positive skin or sero-

Description: Fungisone Intravenous (Amphoteridn B for Injection USP) is an antifungal antibiotic deviced from a strain of Streptomyces nodesta Crystalline amphoteridn B is insotibilized. By the addition of sodium descryptolic bir water, therefore, the antibiotic is "solicibilized" by the addition of sodium descryptolicate to form a mixture which proides a collocate to form a mixture which proides a collocate of the contravent of the contrav

to human cells and tungat cells may state com-mon mechanisms. An initial intravenous in risino of 1 to 5 mg of amphotericin B per day, gradually increased to 0.65 mg./kg, daily, produces peak; place contrations of upproximately 3 to 4 mg. fam. on-ther of the proposition of the properties of the which can persist between doese since the plasma half-life of amphotericin B is about 25-bours. (For recommended desegres.)

DOSAGE AND ADMINISTRATION seedlen) is has been reported that amphotorien B is highly bound (> 80%) to plasma protein and is proyl dillypuble. Anythoterish B is excrated very slowly by the kidney with two for we person of a given dose being excreted in biologically active form. After treatment is discontinued, the drug can be detected in the unine for at least seven weeks. The cumulative uninary outcut over a seven-

Product Internation. The potent drug should not be used to treat the con-position of the potent drug should not be used to treat the con-minagement frome of fungal thickness which produces the product of the product of the product Prangiono Intervenous (Amphotestica) B for Incident 1929 is specifically Interded to Irwat Indicates the production of the production of the Indiana, coordidationsocials, and interplanmonia, cannot be producted to the product time of the parent Moor, Ritagopa, Abstria, International Computer of the International Computer of the International Computer of the International Computer of Jungopul State (Japangillar Jungopul) and production of Jungopul State (Japangillar Jungopul).

fumigatus). Amphotericin B may be helpful in the treatment of American mncocutaneous leishmania-sis, but is not the drug of choice in primary

sis, but is not the drug of choice in primary boxery; makes the man of the contrain-tionary of the contrainties of the contrain-ties of the contrainties of the contrainties of the contrain-ties of the contrainties of the co

against its untoward and dangerous side ef-

moth the course assessed in the course, the pole of the course of the co

believe with work free promote of a giral week length even the believe which we have been provided by the property of the prop

leering the amphotocieth is factoring control to the control to th

## Squibb-Cont.

cultures abould be obtained from the original she(s) of infection 7 to 14 days after therepy. In women, it is also desirable to obtain culture studied curs from both the endecervical and enal cannia. Note: genorrheel endocarditis abould be treated intenaled with account endelling it. intensively with aqueous penicillin G.

Yaws, Bajel, and Pints—treat same as syphilis in

Yawa, Bajel, and Pista—treat same as ayphilis in corresponding deap of disease. 
Diphthesis—adjuscities therapy soith antiteain: 
300,000 to 80,000 to daily, Rathesa-cuttaneous antiformizand 26 minute and Projection (2 monitormizand 2 minute and Projection (2 minute and Projection (2 minute and Projection (2 minute and Projection (2 minute and 2 minute and 2

—eally in extremely association in declarace 600,000 et 200,000 et design becautest moderated and exception of the prophylaxis against historical endocuridate in the proper prophylaxis against historical endocuridate in the proper prophylaxis proceedures of the upper respictory tract, use a constant of against rendered the proceedures of the upper respictory tract, use a formation of against rendered the upper respictory tract, use a formation of against rendered the upper respictory tract, use a formation of against rendered the upper respictory of production production of production production of production

Reference: 1. American Heart Association, 1977, Prevention of bacterial andocarditis, Circulation 56:139A-143A.

## FUNGIZONE® (Amphotericin B) CREAM/LOTION/OINTMENT

CREAM/UTION/ONTHEMENT.

Description: Funginess Gream (Amphotemide, B Cream (SEP) contains the antifungal autibide to the contract of the contr

Fungizone Lotion (Amphotoricin B Lotion USP) rungizone Lotton (Ampheterien B Lotton USE) contains the antifungal antibiotic Amphoteriein B USP at a concentration of 3% (30 mg/ml.) in a tinted squeous lotton vehicle, which is pleasantly scented, and also contains themerosal, itemium discide, an array provides a three destructions.

diside aqueous lotion valoits, which his pleasantly controls, and some contains thinnous. Heating models, and she contains thinnous. Heating models, and some contains thinnous. Heating the strength of the control of dinkod studies involving continuous distants. In Isamous maddial intellician, results with label and intelligent to the continuous and the contin

(ringworm organisms), it has not demonstrated an effectiveness in vice on topical application. Am-photoricin B has no significant effect either in vitre or clinically against gram-positive or gran negative bacteria, or viruses.

negative bacteria, or viruses.
Indications and Usage: Fungisone (Amphotericin B) topical preparations are indicated in the
ireatment of culaneous and mucoculaneous mycotic infections caused by Candida (Monilia) spe-

cies.

Contraindications: The preparations are contraindicated in patients with a history of hypersensitivity to any of their components.

Precautions: Should a rection of hyp ity occur the drug should be immedia

ity occur the drug about he immediately with drawn and appropriate measures the American American Response Cream (Ampho-herican Response Cream (Ampho-drating Response Cream (Ampho-drating of Sale affects bearing the during of following the use of the Cream. The pro-quients in smooth per his charactery has comparable to the Cream of the Cream of the comparable of the Cream of the Cream of the comparable of the Cream of the Cream of the comparable of the Cream of the

characterised by erythems, and the principles of the control of th

any olsephone outsteent weather may commonate, irritate where spilled to most; interrigations Trained processing the property of the property

discontation of febrics from the Cream may be removed by hand-washing the fabric with soap and werm weter, thet eny discoloration of fabrics from the Lotion is readily removed with soap and werm weter, or that eny discoloration of fabrics from the Ointment may be removed by applying a standard cleaning fulfor.

Storage: Store the Cream and Lotte imperature; avoid freezing. Store th at room temperature.

## FUNGIZONE® INTRAVENOUS (Ampheteriola B for Injection USP

# WARNING

This drug should be used prim The drug should be used primarily for ment of patients with progressive and tially fatal fungal infections; it should used to treat the common clinically in ent forms of fungal disease which step positive skin or serologic tests.

Descriptions Fungiance Intraven-cia B for Injection USF) is on antif-derived from a strain of Service Crystalline amphotoricis B is ins-therefore, the subjection is "solu-addition of sodium descayabolast ture which provides a colloidal dia enteral administration.

Actions: Microbiology Amphoteristin Bahows a high coder of Microbiology Amphoteristin Bahows a high coder of the dividy against many species of funds of consultation. Occidiologic for Mind of Coccions Bealtonings dermentially, in the foocean seaformans, Spootrichtung foocean seaformans, Spootrichtung foocean seaformans, Spootrichtung foocean seaformans of Asprofitting Institution of Marchael Spootrichtung footricks and Approfitting Institution of the Spootrick S

log from 0.00 to 1.0 mer, Int. 10 minus, the of the without fields to shockers, related to the classification of the without fields of the minus of the classification of the Amphenderian B is functionated or related production on the concentration obtained and the classification of the

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denyosas, and histoplasmest: we characteristic of the conversas, and histoplasmest: we physoenyous caused by species of Macor, Rhistopes, Absidia, Rhistopes, Absidia, Rhistopes, Absidia, Rhistopes, Canada and Canada and

Always consult 5, g the application in Indian e therite reactions. The doag of each order toward in things in the last reactions. The doag of each order toward in the property of the control of the con al alkali medication may dec lar acidosis complications. ollowing adverse reactions opan tly or rarely: anuria; oligurise a toxicity including arrhythmic

ibrillation, cardiac arrest, hypothesion; coagulation defeate openia; leukopenia; agranulo p shilie; leukocytosis; melena arr le gastroenteritis; maculopapu ing lose; tinnitus; trensis ed vision or diplopia; periphi ed vision or diputation of diputations and other neurologic pruritus (without rash); siappi fullurs; end file ions; acute liver failure; or

sge and Administration Empireus (Amphetericin B for Inject id be administered by slow in ion. Intravenous infusion should a period of arrows. son. intravenous infusion should a period of approximately six in give usual precautions for intravenous infusion is 0.1 mg/ml/t.

venous strategy with a significant property of the signifi

may with introvenous amphasizes otrichosis has ranged up to discovered to the state of the state 翻 vac xetoacidosis. It is, therefore that rapid restoration of disbet-stituted bafore successful treaf-gizone intravenous (Amphoto-ction USP) can be accomplished. ction USP) can be accomplished netion, pulmonary phycomycos, a common in essociation with ignancies, is often an incident psy. A cumulotive desse of etchotericin B is recommended. notericin B is recommended these I dose of S to 4 g. will infrequently a more and impairment, this will comble minimum where there ence of invasion of the deep lift. phral phycomycosis usually follows a searily be more aggressive than that

ble revisions

pore indelent mycoses. is initial concentrate of 5 mg. ampho-B per ml. is first prepared by rapidly ling 10 ml. Sterile Water for Injection

est a bacteriostatic agent directly into mass a constructant agent directly into hillied cake, using a sterile needle a diameter: 20 gauge) and syrings, the vial immediately until the colloidal is a chear. The Influsion solution, provides amphotories in Sec. is a clear. The initiation solution, providing, amphotorricin B per mi, is then ob-ifurther dilution (1:50) with 5% Dex-ing the control of the smally has a pH above 4.2; however slow 4.2, then 1 or 2 ml. of buffer should to the Dextrose Injection before it is fillets the concentrated solution of am-B. The recommended buffer has the

ic composition: inhydrous)

surplate (m.... hate (anhydrous)

qe. 100.0 ml. it the Dextrose Injection, either by fil-gurough a bacterial retentive stone, is it 16 lb pressure (121°C).

Think Asoptic technique must be

1.59 g.

7.0% Asoptic technique must be observed in all handling, since no paire or betterioustatio agent is present in substitute or in the materials used to said for administration. All entries into ratio into the diluente must be made constitute. The substitute of the substitute of the paire solutions. The use of any dilupiles solutions. The use of any unitaries than the ones recommended or invested of a bacterlostatic agent (e.g., filticol) in the diluent may cause precued of the antibiotic. Do not use the discontrate or the infusion solution or acceptance of the properties of th

and the amount of the control of the

Profiled Funginone Intravenous is sup-crisis as a sterile lyophilized cake a by pertially reduce to powder follow-

granular vectors to provide relocations of the control of the cont

CORAFIN® Meglumine and Distrizoete Assumon oc.,

HALCIDERM® CREAM 0.1%

(Helcinonide Cream 0.1%) Description: Halciderm Cream (Halcino-nide Cream 0.1%) contains the active synthetic corticosteroid halcinonide. Chemically, halcinonide is (118,16a)-21-Chloro-9-fluoro-11 hydroxy-16,17-[(1-methylethylidene) his-(oxy)]

progn. 4 ene-3,20 dione. Each gram of Halciderm Cream 0.1% (Halcino-nide Cream 0.1%) contains 1 mg. halcinonids nide Cream 0.1%) contains 1 mg, halcinonide in a hydrophilic vanishing cream base consist-ing of propylene gtyon, dimethicone 850, cas-tor oil, evicany lackoni (and octasrent-20, propylene gtyon stearate, white petrolatum, and the state of the state of the state of the petrolatum and the state of the state of the petrolatum of the state of the state of the petrolatum of the state of the state of the petrolatum of the state of the state of the moisturing consistent of the state of the moisturing of the state of the state of the cream 0.1%) is primarily effective because of its onti-inflammatory, antipricit, and was, the

Cream 0.1%) is primarily affective because of its onti-inflammatory, antipruritie, and vasc-constrictive actions. Indications: Halciderine Cream is indicated for relief of the inflammatory manifestations of the contraint of the cream.

Precautions: General—II (triation devaluations: General—III (triation devaluations)

the cream.

Precaution: General-II irritation develops, the product should be discontinued and appropriate therapy instituted.

In the presence of an infection, the use of an appropriate brintings of an infection, the use of an appropriate and infection, the use of an appropriate and infection, the use of an appropriate promptly, the corticosteroid solution of the infection has been adequately controlled the infection has been adequately controlled or of the controlled of the

bloom at the choice would, the institution has been adequately controlled to the benefit has been adequated by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated with appearing of getature by the benefit has been adequated by the b boundary of the body temperature occurs. Occasionally, o patiant may dealer occurs. Occasionally, o patiant may dealer occurs. Occasionally, o patiant may dealer occasionally dealers occasionally de

Adverse Heactions: The following tocal adverse Heactions are been reported with topical corticosteroida, especially under occlearive freesings burning sensations, tiching, irritation, dryness, follicultist, hypertrichosis, american europicials, allençie contact dermatitis, macertation of the skin, secondary infection, skin atrophy, striae, and milliorio.

B Dosage and Administration: Apply Hal-ciderm Cream (Halcinonide Cream 0.1%) to the affected area one to three times daily. Rub in gently.

Occlusive Dressing Technique: Particularly resistant lesions of chronic dermatoses such as proriasis and neurodermatitis may require the ase of Haleiderm Cream (Halein use of Hulcidorm Urean (Halcihonale Cream 0.18) under ochtaiva dressings. Gontly rub e small amount of the cream into the leason untail tidiseppears. Resply the preparation leaving a thin conting on the lesson and cover with a pitable nonporous film. The frequency of changing dressings is best detarmined on an individual basis. Good results have been ob-tained by assirting Halcidarm (roam [Halcins. onide Cream tained by applying Halcidarm Croam (Halcino-nide Cream 0.1%) under an occlusive dreasing nide Creem 0.1%) under an occlusive dreasing in the avening and removing the dreasing in the morning (i.e., 12-hour occlusion). When estimates the continuous of the morning the 12-hour occlusion regimen, additional creem should be applied, without occlusion dream should be applied, without occlusion dream should be applied, without occlusion as each dreasing change. Repulsation is essential at each dreasing change.

How Bupplied: Available in 15 g., 80 g., and 60 g. tubes.

Storage: Store at room temperatura; evoid freezing and refrigeration,

**HALOG®** CREAM/OINTMENT/SOLUTION

CREAM/OHTMANT/SOLUTION
Description: High preparations central the active synthetics preparations central the active synthetics in ILLIA/SI

senti 40% Danama drade, proprieta givol, and profiled with a comparation of the comparati tibase® (Plasticized Hydrocarbon Geil, a poly-ethylone and mineral oil gel bass with polyeth-ylane glycol 400, polyethylene glycol 6000 dis-tearate, polyethylane glycol 300, polyethylene glycol 1540, and butylated hydroxytoluena as a preservative.

preservative.
Halog Solution 0.1% (Halcinonide Solution 0.1%) contains 1 mg. halcinonida (0.1%) per ml. with edetate disodium, polyathylene glycol 300, purified water, and butylated hydroxytol-

300, purified water, and butylated hydroxytoi-uene as a preservative.

Actions: Halcinonide preparations are pri-marily effective because of their anti-inflam-matory, antipruritic and vasoconstrictive co-tions.

tions.

Indications: Halog (Haleissonida) proporations are indicated for relief of the inflammatory manifestance of corticosteroid-responsive dermatases,

Contraindication: Topical steroids are contraindicated in those patients with a history of
hypersemativity to any of the components of
the preparation.

Continued on next page

## FUNGIZONE® INTRAVENOUS Amphotericin B for Injection USP

### WARNING

This drug should be used primarily ment of patients with progressive in tilly fatted fungal infections; it should not treat the common chinically ent forms of fungal discasse which positive skin or serologic tests.

Description Fungisono Intravences (in in lice Injection USP) is an antifusping derived from a strain of Streptes(s); Crystalline amphotorisin B is insolabilitative for the antibiotic is "including addition of sodium descrycholate to the turn which provides a colloidal dependent of the collo

Actions Microbiology Amphotostical Balows a high cross-riving against many species of control, or triving against many species of control, or triving against many species of control, or triving against many species of control or triving against the concease anodymous, Sportherlands in the concease anodymous, Sportherlands in the concease anodymous species of the many species of the control of

hibited by 0.03 to 1.0 mcg/mi. ing from 0.03 to 1.0 mcg/mi. otic is without effect on bacteria, reconstitution is without effect on bacteria. otic is without energy and a second of the control of the control

An initial intravenous infusion complete risk amphoterisis B per day, gradually considered traitons of approximately 2 to 4 print can persist between doses since the life of amphoterisis B is about \$2 to commended desages, so the DV-ADMINISTRATION section.) It bests that the method of the complete risk B is about \$2 to complete the complete of the section of the complete risk between the complete risk amphoteris B is bighty both.

that amphotoricin B is highly boil plasma proteins and is poorly dial. Amphotoricin B is excreted very amphotentia B is excreted very like independent of the being excreted in biologically activities treatment is discontinued, the end tected in the urine for at least says. cumulative urinary output over a se amounts to approximately 40 p

amount of drug indued.

Details of tissue distribution sief for biolog pathway are not be incremental before the biolog pathway are not be incremental before the biological bio tiva akin ur serologic teslas, hamale proposed proposed intervences (Amplesse proposed intervences) (Amplesse proposed interve

gillus fumigatus). otericin B may be helpful urican mucocutaneous ary not the drag of choics in primary

icir

stations. This product is certainly as a place in the low shown pypersistants, in the opinion of the physician particular than the opinion of the physician requiring retreatment is like requested to the production of the production of the physiciants of the physician of the physician of the physician is a production of the physician of the phys Middentions: This product is contraindi-

ple revisions

issue Prolonged therapy with amphoteriprocessed therapy with amphicans processing recent processing the process of the control of the

Le giras concominants y waves production de la giras concominants y waves production de la constitución en la constitución de l

stelle and phiebitis. Intravenous admi is all doses of adrenal corticosteroids of during the amphotoricin B Infusion 1997 for feeling the feeling fee

Addis. Extravasation may cause the continuations that are most con In fever (sometimes with shaking code; anorexia; waight loss; nauses some anorexis; weight loss nauses. Whatlass dyspepsis distributions muscle and joint pains, in an interest part of the state of the sta inproves upon interruption of therstone permanent impairment often by in those patients receiving large 5g.) of amphotoricin B. Supplemen-cation may decrease renal tubular

(anhydrous) 1 59 0 phosphate (anhydrous) 0.96 a

The following adverse reactions occur less fre quently or rarely: anuria; oliguria; cardiova toxicity including arrhythmies, ventricular fibril lation, cardiac arrest, hypertension, and hypoten slon; congulation defects; thrombocytopenia; letkopenia, agranulocytosis, cosinophilis, leukocyt eis; melena or hemorrhagic gastroenteritis; me

ees meena or neurorrangin gastroentering manu-lopapular rash; hearing loss; tinnities; transfent vertigo; blurred vision or diplopia; peripheral neu-roçathy; convoleions and other neurologic symp-toms; pruritus (without rash) anaphylachold reso-tions; acute liver failure; and flushing.

tions; acute liver taiture; and tucaring.

Dosage and Administration: Fungizone Intravo-nous (Amphotoricin B for Injection USP) should be administered by slow intravenous infusion. Intra-venous infusion should be given over a period of approximately six hours observing the usual pre-cautions for intravanous therapy. The recommended concentration for intravenous infusion i 0.1 mg/ml. (1 mg/10 ml.).

Dosaga must be adjusted to the specific require-ments of each patient since tolerance to amphoto-icin B varies individually, Therapy is usually instituted with a daily dose of 0.25 mg./kg. of body waight and gradually increased as tolerance permits. There are insufficient data presently available to define total doesgs requirements and duration of treatment necessary for eradication of my-

coses such as phycomycosia. The optimal does is unknown. Total daily dusage may range up to 1.0 mg./kg. of body weight or alternata day duages ranging up to 1.5 mg./kg. Several months of therapy are usually necessary; a shorter period of ther epy may produce an inadequate resp

CAUTION: Under no circumstances should a total daily dosage of 1.5 mg/kg, be exceeded. Therepy with intravenous amphotericin B for richosis has ranged up to nine months. The

usual dose per injection is 20 mg.

Aspergillosis has been treated with amphotericin

B intravenously for a period up to 11 months with

B interestously for a period up to 11 months with a total does up to 3.8 g. Bhinocerebral phytoconycais, a fittininsting disease, generally occurs in association with disbetic hatoactions. It is, therefore, imperative that rapid restoration of albatic control to instituted before successful treatment with Funginose Intervenous (Amphotecina B for Injection 1917) can be accomplished. In contradistinction, pulmonary phytoconycosia, which is more common in secondtion with hematologic malignancies, is often as incidental finding at autopsy. A cumulative dose of at least 3 g. of amphotericin B is recommended

Although a total dose of 3 to 4 g. will infrequently cause lasting runal impairment, this would seem a reasonable minimum where there is clinical evireasonable minimum where there is clinical evi-dence of invasion of the deep tissues; since rhino-cersbral phycomycosis usually follows a rapidly fatal course, the therapeutic approach must neces-sarily be more aggressive than that used in more indolent mycosss. sparation of Solutions: Reconstitute ows: An initial concentrate of 5 mg, amphot

cin B per ml. is first prepared by rapidly expres ing 10 ml. Sterile Water for Injection USP withe a bacteriostatic agent directly into the lyophilise caka, using a sterile needle (minimum diameter 20 gauge) and syringe. Shaka tha vial immediately until the colloidal solution is clear. The infusjon solution, providing 0.1 mg, emphotoricin B par ml, ie then obtained by further dilution (1:50) with 5% Dextrose Injection USP of pH about 4.2 The pH of each container of Dextrose Injection should be ascartained before use Commercial Dextrose Injection usually has a pH above 4.2; however, if it is below 4.2, then 1 or 2 ml. of buffer should be added to the Dextrose Injection before it is used to dilute the concentrated solution of amphatericin B

Water for Injection

USP qs. 100.0 ml. The buffer should be storilized before it is added to The buffer should be storilized before it is added to the Deatrons Injection, either by filtration through a bacterial retentive stone, mat, or mem-brane, or by autoclaving for 30 minutes at 16 lb. pressure (121°C.).

pressure (121°C).

CAUTION: Aseptic technique must be strictly
observed in all handling, since no preservative
or bacteriostatic agent is present in the antiblotic
or in the materials used to prepare it for adminitration. All entries tute the vial or into the diluiration. All entries tale the vial or into the dim-ents must be made with a storile needle. Do not reconstitute with saline solutions. The use of any dilutes other than the once recom-mended or the presence of a bacteriostatio agent (e.g., bouryl alcohol) in the dilutent may cause precipitation of the antibiotic. Do not use the initial concentrate or the infrasion so-use the initial concentrate or the infrasion so-

use the Ishifat concentrate or the inflation, we will be inflated in the Ishifat of these is any orientees of proceedings of receipts also or foreign matter in this could be income to the inflation of manipulation in its owners, the mean power dimenter of the filter should not be a second or the inflation of th ge: Prior to reconstitution, Fungizone Intra-s (Amphotericin B for injection USP) should venous (Amphotericin B for Issication (USP) shoolds be stored in the "artiferentor, protection against leading to be stored as the service state of the stored and the best service of the stored and the store that the store is service to the store of th

# HALCIDERM® CREAM

Description: The topical corticosteroids consti-tute a class of primarily synthetic storoids used as anti-inflammatory and anti-pruritic agents. The steroids in this class include halcimonide, Halcimo-

storoids in this class include hadrinounds. Historical in disciplinaries of the property of th

Clinical Pharmacology: Topical corticoster-oids share anti-inflammatory, antipruritic and vasoconstrictive actions

vasoconstrictive actions.

The mechanism of anti-inflammatory activity of the topical corticostavoids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or are used to compare and predict potentices have or clinical efficiencies of the topical corticostroids. There is some evidence to suggest that a recogniz-able correlation exists between vasoconstrictor potency and therapoute deficacy in man. Pharmocekinetics: The extent of percutaneous absolute of the control continuous control of the control of th

absorption of topical corticosteroids is determined by many factors including the vehicle, the integ-rity of the epidermal barrier, and tha use of occlu-

cal corticesteroids can be absorbed from nor-intact akin. Inflammation and/or other dis-

Continued on next page